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Title:METHOD FOR ENTERING,
RECORDING, DISTRIBUTING AND
REPORTING DATA Inventor(s): Woodrow W. Gandy et al U.S. Serial # 09/927,972 1/36

FIG. 1 (PRIOR ART)

PHYSICAL EXAM - Skin Findings	
Yes No cyanosis cool skin skin rash pallor diaphoresis poor skin turgor	Cancel

FIG. 2

User		X
1	2 abc	3 def
4 ghi	5 jkl	6 mno
7 prs	8 tuv	9 xyz
•	0 qz	С

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			Template Physician	7	28 Nose langdon							Template Physician	1							
			Time	11:26 04/12/01	15:44 04/12/01	٠						Time		16:37 04/12/01	16:26 04/12/01	16:18 04/12/01	15:26 04/12/01	15:04 04/12/01		
			Name	Grace	Ricky							Name	NEW PATIENT	Ethyl	Mary	Ernie	Jack	Desi		
			Chief Complaint	car drove off cliff	bean in nose							Chief Complaint	EW COMPLAINT	horse stepped on foot	eadache	car crash	abdominal pain	chest pain		
User rlangdon	File Edit View Setup	My Patients	Room Age Sex C	63y F	×						Patients Waiting	Room Age Sex Cl	Z	드	[*	×	29y M at	¥		
T-Chart	Grace F	Fig. Home	Annotations	6 7	7 88	Clinical	A History	C Exam	Qu Course	Q DxD1	=,	=	Frescription	Excuse 5	Printing	Clinical Clinical	Bischare	A Smortan	Closure	A T

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	1		Time	11:	15;									Time	NT				١.	/40			
	THE LITTLE		Name	Grace	Ricky									Name	NEW PATIE	Ethyl	Mary	Ernie	Desi	Jack			
			Chief Complaint	car drove off cliff	bean in nose									Chief Complaint						abdominal pain			
ΙΙ,	view secup		Sex	Ħ	M								Waiting	Sex		F 4	F=4	×	- 1	×			
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비	urace ri	For Home M	Annotations	2 8 7	12 Notes 12	- -	Clinical	юю History	C Exam	Jr Course	Q DxD1	Viewing		==	rescription	Excuse	Printing	> Clinical		a viscuarge	Closure	다	

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		Template		17 MVA 28 Nose								Template							
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	ล	Time	15:26	11:26 15:44								Time		16:37	16:26	16:18 (15:04 (
		Name	Jack	Grace Ricky	•							Name	NEW PATIENT	Ethyl	Mary	Ernie Desi			
]	Chief Complaint	abdominal pain	car drove off cliff \(\cdot \) bean in nose								Chief Complaint	NEW COMPLAINT	horse stepped on foot	eadache	car crash chest pain	•		
lon View Setun	11	Sex		e ¥							Waiting	Sex C	N		,	o 'o			
User rlangdon File Edit Viev	Patients	Room Age	29y	7 63y 12 18m							Patients Wai	Room Age		49y	118y	26y 37y	•		
T-Chart Jack	ome	Annotations 1	87	P Notes	Clinical	nd History	C Exam	QI Course	Q DxD1	Viewing	٣,	===	Frescription	Excuse	Printing	Clinical	Discharge	Closure	B

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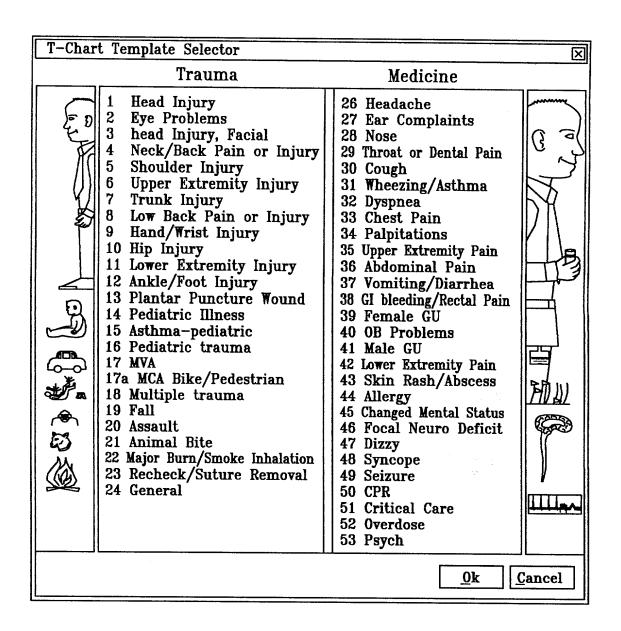
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T-Chart	User rlangdon	a					×
Jack	File Edit Vi	View Setup					
199 Home	My Patients						
Annotations	Room Age	Sex	Chief Complaint	Name	Time	Template	Physician
87	7 63y	또	car drove off cliff	Grace	11:26 04/12/01	1	langdon
╢╸	8 29y	M	abdominal pain	Jack	15:26 04/12/01		langdon
La Moues	12 18m	W	bean in nose	Ricky	15:44 04/12/01	28 Nose	langdon
Clinical							
IN HISTOLY							
C Exam							
QI Course							***
Q DxD1							
Viewing							
Report	Patients Wai	Waiting					
Discharge	Room Age	Sex	Chief Complaint	Name	Time	Template	Physician
Prescription			NEW COMPLAINT	NEW PATIENT			
Krcuse	49y	<u> </u>	horse stepped on foot	Ethyl	16:37 04/12/01		
Printing	118y	দ	headache	Mary	16:26 04/12/01		
Clinical	56y	×	car crash	Ernie	16:18 04/12/01		
Discharge	37y	¥	chest pain	Desi	15:04 04/12/01		
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FIG. 7

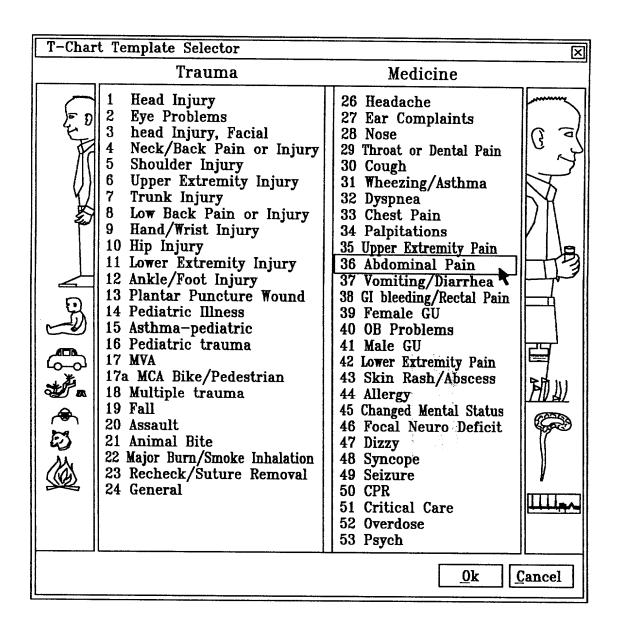


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FIG. 8



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CONSTITUTIONAL fever _chills Neuro & EENT headache sore throat		heart diz neuro diz lung diz Gl diz renal dz other dz HTN diabetes hyperlipidemia previous surgery abdominal surgery
GIvomiting bloodblack stoolsbloody stoolsURINARY	difficulty w/urinationpain w/urinationfrequency	negative see nurses notes peptic ulcer gall stones bowel obstruction kidney stones
Abdominal Pain time: room: arrived: pvt vehicle EMS context: historian: patient EMS family limited by: OHPI chief complaint: abdominal pain flank pain		R back
Abdomir arrived: pi historian: OHPI chief compla	Still present quality quality pain sharp stabbing cramping burning dull migrating	Report Discharge Prescription Frouse Printing Printing Discharge Discharge Medifying factors: Medifying factors: Printing Discharge Modifying factors:

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<	notes	see nurses notes	ETOH drugs	•	heart dz hx of:0				CONSTITUTIONAL	Neuro & EENT	headache	sore throat	CVS & Pulmonary	difficulty breathing	-congh
P	O MEDSnonesee nurses notes	O ALLERGIES _NKDA _see nur	0 SOCIAL Hx smoker	residence/travel:	U FAMILY HX gall bladder			oros	<u>15</u>	black stools	bloody stools	URINARY difficulty w/urination	pain w/urination	requency	TWWT
<	similar symptoms previously:	milder as bad worse varying	recently seen	ED office clinic hospitalized	0			ninal Pain time:	arrived: pvt vehicle EMS context: historian: patient EMS family limited bv:		chief complaint: abdominal pain flank pain	started: just PTA today last night yesterday	ent I	location: R chest	sharp
IG. 9B	Closure	 					IG. 10	T-Chart	Jack	(F) Home	(nnotations)	8	P Notes		PP History

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CONSTITUTIONAL fever _chills Neuro & EENT headache sore throat	CVS & Puchest pectodifficulty Cough MS & Ski	heart diz neuro diz lung diz Gl diz renal dz other dz HTN diabetes hyperlipidemia previous surgery abdominal surgery
OROS GI vomiting blood black stools bloody stools URINARY		_negauvesee nurses notes _peptic ulcer gall stones _bowel obstruction _kidney stones
t vehicle EMS context: patient EMS family limited by: int: abdominal pain flank pain flank today last night yesterday	location: R chest_central_L chest epig epig upper LUQ generalized L flank R flank R flank R flank R pelvis pelvis L pelvis suprapub	; back -ad
T-Chart Abdominal Pain arrived: pvt vehicle historian: patient E OHPI chief complaint: abdom	still present quality "pain sharp stabbing cramping burning dull migrating	Discharge Prescription Excuse Printing

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		11/36		
CONSTITUTIONAL fever _chills Neuro & EENT	headachesore throat	cough MS & Skin joint pain _back pain skin rash	heart diz neuro diz Jung diz GI diz renal dz other dz HTN diabetes hyperlipidemia	_previous surgeryabdominal surgery
GI vomiting blood black stools	bloody stools URINARY difficulty w/urination pain w/urination	frequency Female pregnant INMP missed periods irreg abdominal bleeding all systems neg. except as marked	oPAST Hx negative see nurses notes peptic ulcer gall stones bowel obstruction kidney stones	
Pain time: room: hicle EMS context: ent EMS family limited by:	abdominal pain flank pain today last night yesterday ene timing:	R chest	Riq IIQ R pelvis pelvis L pelvis suprapub R back	
T-Chart Abdominal Pain arrived: pyt vehicle historian: patient Element OHPI	Annotations chief complaint: abdominal part of a started: just PTA today last still present gone	Clinical pain sharp stabling cramping c		Printing loss & appetite loss & inscharge modifying factors:

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	CONSTITUTIONAL fever _chills	Neuro & EENT headache	sore throat	CVS & Pulmonary	chest paindifficulty breathing	MS & Skin joint painback pain skin rash	.		fiz dz	HTN diabetes hyperlipidemia	previous surgery _abdominal surgery	
OROS	GI_vomiting blood	_black stools	URINARY /urination	pain w/urination	frequency	missed periods irreg abdominal bleeding all systems neg. except as marked	ODAQT UV	see nurses notes		bowel obstructionkidney stones	•	
time:	pyt vehicle EMS context: : patient EMS family limited by:	t: (abdominal pain) flank pain	today last night yester	gone timing:	location: R chest_central_L chest	Rug upper Lug generalized L flank	RIQ IIQ	n pervis pervis L pervis Suprapub Suprapub A I hash	. Dackadditional pain _	ıptoms: vomiting		07S:
	Jack arrived: pvt historian: p	ations		P Notes still present	Clinical pain pain pain	Stam stabbing cramping cramping	ाह्या	Report well localized diffuse	Discrarge Prescriptionradiating to:	Excuse associated symptoms:	Trinung loss of appetite Clinical seventy of pain:	Discharge modifying factors:

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13/36 _joint pain _back pain difficulty breathing CVS & Pulmonary _neuro diz other dz blurred vision CONSTITUTIONAL _chills Neuro & EENT _sore throat _chest pain abdominal surgery cough MS & Skin _headache skin rash previous surgery _hyperlipidemia__ _fever renal dz HTN Jung diz as marked _difficulty w/urination missed periods irreg _see nurses notes abdominal bleeding all systems neg. except Female _pregnant pain w/urination _vomiting blood _bloody stools URINARY _black stools bowel obstruction Hx frequency kidney stones gall stones -peptic ulcer oPAST _negative oRos LNMP L back limited by: flank pain context: R chest_central-L chest R pelvis pelvis L pelvis room: RUQ upper LUQ _additional pain today last night yesterday generalized timing: family 3 time: chief complaint: (abdominal pain gone R flank R back location: Abdominal Pain pvt vehicle patient associated symptoms: modifying factors: started: just PTA loss of appetite _radiating to: well localized still present severity of historian: migrating cramping stabbing burning arrived: nausea IdHo sharp Annotations P Notes Qr Course rescription Clinical Clinical Home A History C, Exam Discharge T-Chart DXD)ischarge Printing Clinical Excuse Viewing Report Jack

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CONSTITUTIONAL fever _chills Neuro & EENT headache sore throat	CVS & Pulmonary Chest pain difficulty breathing cough MS & Skin joint pain _back pain d _skin rash	heart diz neuro diz lung diz GI diz GI diz Jenal dz other dz HTN diabetes hyperlipidemia diabetes abdominal surgery
GI Vomiting blood black stools bloody stools URINARY	nincury w/ urmationpain w/urination _frequency _Femalepregnant _INMP _missed periods _irreg _abdominal bleeding _all systems neg. except as marked	oPAST Hx _negative _see nurses notes _peptic ulcer _gall stones _bowel obstruction _kidney stones
t vehicle EMS family context: patient EMS family limited by: int: abdominal pain flank pain PTA today last night yesterday	gone timing: tion: R chest_central_L chest RUQ upper LUQ generalized RIQ LIQ	back Additional additional diar the
T-Chart Abdominal Pain arrived: pvt vehicle historian: patient Elementations chief complaint: (abdom started: just PTA today	For Notes Still present gone quality, location: Pain Pain	to: symptoms petite pain:

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Chief complaint- ABDOMINAL PAIN. He has had nausea and loss of appetite. No vomiting or Street Address - 214-555-1212 Emergency Department Patient Name: Jack Clinical Report Hospital Name-12-Apr-2001 HISTORY OF PRESENT ILLNESS Physician Signature diarrhea. Clinical 99 History rescription Clinical P Notes C Exam B Discharge Q T Course T-Chart Home (3) DED **Discharge** Annotations Excuse Printing Closure Viewing Report Jack

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CONSTITUTIONAL fever _chills Neuro & EENT	headache sore throat blurred vision		heart diz lung diz	Fehal uz Joner uz HTN diabetes hyperlipidemia previous surgery abdominal surgery
OROS GI _vomiting blood	bloody stools URINARY difficulty w/urination	frequency frequency Female pregnant INMP missed periods irreg abdominal bleeding all systems neg. except as marked	urses notes	gall stoneskidney stones
ral Pain time: room: rt vehicle EMS context: patient EMS family limited by:	lank pain	location: R chest_central_L chest Rug upper Lug Rug upper Lug Rank Rank Lug Lank Lank	RIQ R pelvis pe sup	additional pain voinking dialrhea
hart Abdomir arrived: p	PTA (loce loce	Vewing burning dull migrating well localized diffuse diffuse	Prescription associated symptoms: Ricuse Ri

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CONSTITUTIONAL fever _chills Neuro & EENT headache sore throat	CVS & Pulmonary Chest pain difficulty breathing cough y 3 4 5 - hours 7 8 9 0 1/2 days ago several many months sasionally years since yesterday recently chronically w -still present -improving -worsening COUGH mild moderate severe oductive moderate copious thick thin yellow green brown white inged frank blood anged from baseline smoker	nptoms
d d	int	similar to previous symptoms
GI omiting bloodblack stoolsbloody stoolsURINARY difficulty w/minetics	frequency fremale pregnant INMP missed periods abdominal blee all systems neg. e gall stones bowel obstruction Kidney stones with the stone	
Pain time: room: uicle EMS context: nt EMS family limited by: abdominal pain flank pain today last night yesterday	R chest_central_L chesf Ruq upper Luq Ruq upper Luq Ruq Llq Ruq Llq Ruq Llq Ruq Llq Rud Llq A Lack -additional pain -vonwing -diarwhea	
T-Chart Abdominal Pain times arrived: pvt vehicle EMS historian: patient EMS famunotations chief complaint: abdominal pain started: just PTA today last nig	gone location: location: R flan R bac R bac	
T-Chart Jack OP Home Annotations	Clinical quality Clinical pain stabbing Clinical pain stabbing Clinical pain stabbing Clinical pain stabbing Cramping cramping dull migrating Wiewing well localize diffuse Discharge associated specifical associated specifical associated specifical severity of postables and infining factorial modifying factorial modified modifying factorial modified modi	

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CONSTITUTIONAL fever _chills Neuro & EENT headache sore throat blurred vision CVS & Pulmonary chest pain difficulty breathing cough cough fours 10 1/2 days ul months ally recently cough months ally recently cough months resterday recently cough months resterday recently recently recently frank plood frank paseline from baseline
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room: imited by: Iflank pain rday Luq Luq Luq L back L back L back L back L back L back
trentral- epig q upper lise pelvis L suprapub A A A A A A A A A A A A A A A A A A A
minal pyt veh pyt
Abdomi arrived: p arrived: p historian: OHPI chief comple started: just guality pain sharp stabbing cramping dull migrating dull migrating dull migrating cramping to associated sy nausea naus
T-Chart Jack Manotations Clinical General General Clinical Frescription Frescriptio

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The patient has had a sever cough productive of thick, green, blood tinged sputum. No frankly Chief complaint- ABDOMINAL PAIN. He has had nausea and loss of appetite. No vomiting or Street Address - 214-555-1212 Emergency Department Patient Name: Jack Clinical Report Hospital Name-12-Apr-2001 HISTORY OF PRESENT ILLNESS Physician Signature REVIEW OF SYSTEMS bloody sputum. diarrhea, T-Chart Annotations P Notes Clinical Re History Sram rescription Home Jr Course Discharge DXD Clinical Excuse Printing Report Viewing. Jack

Discharge

Closure

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	nationblurred visioncVS & Pulmonarychest paindifficulty breathingseveral
Pain time: room: ehicle EMS context: cent EMS family limited by: abdominal pain flank pain today last night yesterday	gone timing: Control
T-Chart Abdominal Pain Jack arrived: pvt vehicle EM historian: patient EMS OHPI Annotations chief complaint: abdominal started: just PTA today las	Clinical guality locat guality sharp stabbing cramping harming cramping harming dull migrating hischarge burning dull migrating hischarge brinting localized diffuse associated symptoms: Printing localized diffuse associated symptoms: Discharge localized diffuse diffuse associated symptoms: Discharge localized diffuse localized localized diffuse localized diffuse localized diffuse localized lo

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CONSTITUTIONAL fever _chills Neuro & EENT headache sore throat blurred vision CVS & Pulmonary chest pain difficulty breathing cough sereceproductive fine joint pain _back pain skin rash	heart diz neuro diz lung diz GI diz renal dz other dz HTN diabetes hyperlipidemia previous surgery abdominal surgery
GI _vomiting blood _black stools _bloody stools _difficulty w/urination _requency _frequency _frequency _missed periods _irreg _abdominal bleeding _all systems neg. except as marked	oPAST Hx negative see nurses notes h peptic ulcer gall stones bowel obstruction kidney stones all
time: EMS MS family nal pain last night yest R chest central epig RUQ upper generaliz	Rud II.Q Relvis pelvis L pelvis suprapub back additional pain vointing diarrhea
pot	Wiewing Wiewing Well localized Discharge Excuse Printing Printing Colinical Severity of pain: Discharge Modifying factors:

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Battle's sign reversex Lemple R parietal—vertex—L parietal R temple forehead L temple R ear	verteb. tenderness painful movementdecrsd ROM muscle spasm painful movement painful movement pupillary exam:ocular injuryabnml fundiscopic hematympanum malocclusion
bkbrd c-collar alert ale	NECKnon-tenderpainless ROM EYESPERRLEOM intactno dental injuryphatynx nml
AVA arrived: pvt vehicle EMS context: historian: patient EMS family limited by: chief complaint: MVA location of injuries: locati	OPAST HISTORY Letenus: UTD >5 >10 unk lung dz cl dz lung dz lung dz lung dz cl dz lung dz lung dz lung dz lung dz lung lung dz lung lung lung lung lung lung lung lung
T-Chart Jim Annotations Z & S Clinical Rea History C Exam Viewing Report Discharse	Prescription Excuse Printing P

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poor skin turgor cannot bear weight sensory deficit SSS diaphoresis pallor shoulder elbo₩ orearm gait not tested due to pain altered mental status soft tissue tenderness ankle clavicle | clavicle Pree _bony tenderness ~**\$** thigh leg 등 | | Sest reflex exam: limping gait CN deficit _weakness abrasions skin rash _cool skin _cyanosis thigh <u>eg</u> io io hand (Q) ankle) forearm shoulder elbow _no sensory deficit _no motor deficit _no pedal edema _nml inspection oriented x3 _reflexes nm pelvis stable EXTREMITIES _atraumatic warm, dry _nml color O NEURO intact SKIN abuml rate techycardia bradycardia gravid uterus murmur ofber limited ROM _decreased breath sounds _vertebral point tenderness _blood at urethral meatus crepitus rhonchi _abnormal digital rectal chest wall injury #1 abnml bowel sounds Scar panneal hematoma abnml rhythm extra sounds organomegaly. _W present blood in stool _pulse exam muscle spasm _tenderness wheezes distention guarding rebound rales _tenderness obese mass chest nontender breath snds nm nml vaginal exam _no organomegaly heart snds nml nml rectal exam heme neg stool _nml genitalia RESPIRATORY _pulses nml _nontender _nontender _ROM nml ABDOMEN _soft CAS BACK **忆**Notes Exam Annotations Home QI Course T-Chart **BB** History Discharge DXD & Clinical Discharge rescription Clinical Printing Report iewing. Excuse Closure Jim Œ

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O PROCEDURE NOTES	TIME -now- stable unstable sx's much better unchng'd exam improved unchanged [APPLY]	0 trauma course 0 Resp / CVS 0 CPR 0 re-evaluation consultation / review of records D/W Dr. and Dr. consultation / review of records old records reviewed tried - can't contact Dr. records reviewed	family consultation further history sought admitted good condition status stable
T-Chart X-RAYS	clavicle - + (Tspn - +) c-spine - + clavicle scapula - + (XR - +) capula shoulder - + sternum - +) ribs - + (Tub - +) ribs - (Tub - +) ribs - + (Tub - +) ribs - (Tu	WTIST - +	EKG / LABS / SPECIAL STUDIES 0 EKG _nml
T-Chart Jim TH Home Annotations	Clinical Rea History C. Exam V Course	\(\frac{\alpha}{\text{Niewing}} \) Viewing Report Discharge Prescription Excuse Printing ◆ Clinical	Closure

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	11.1.1.1	anubiones Augmentin	Cenhalerin	Cipro 10d	Duricer	Erythromycin	Levaquin	Silvadene			O Sedative	0 Skin	0 Steroids			OIVS	/ work-school	ng activity	wt bearing as tolerated	ing	off work	Warnings	comps	Tet given	ds in ED	ODICILIS			me in
DDFCCDITTONG	NGAM's	Ibuprofen	Je	oxen	muscle	iri	rin	ıxin		more presorintians	O Nsaids	O M.Relax	0 0b-Gyn		Z	-	U activity / w	no sfrennous activity	wt bearing	no wt bearing	RT work		head	Infection	refurn if packlen.	Suland in problems	'-up w/ your doctor	w/ specialist	- discharged home in
DDE	TAT T	Idudi	Lodine	Naproxen		Flexeril	Robaxin	Skelaxin	Soma	mor	0	O ENT	I5 0	0 Neuro	O DISCHARGE				elevate	splint							Tollow-up		
	OTC meds	OTC meds	Acetaminophen	Motrin	pain / nausea	4	Lortab	Phenergan	Tylenol w/Cod.		0 Allergy/Decong		0 Antibiotics	0 Cardiac	o DIS	t-conferent	rearment c-collar	jce	ar 	ds Suns	rib beit crutches	knee immobilizer	elastic wrap	get no restrictions	clear liquids only		0 _w/ Dr.	0 _w/ Dr. (#2)	Termin to PD
	pedessrian	fracture	dr.	pelvic	did —	lower ext	ankle	foot	/ major injury		Δ.				failure		set	njury		ma				0 Ortho/Surg	0 Pediatrics	0 Psychiatric	0 Toxocology	U Trauma 0 Urology	8
L IMPRESSION	MVA MCA bike p	1	skull	facial	spine	upper ext	wrist	hand	other	hood initial	spinal iniury	hemorrage	hypotension	shock	respiratory failure	chest injury	cardiac arrest	abdominal injury	renal injury	— dental trauma	general hypertension	diabetes	more diagnoses	O Infectious Disease	0 Int Medicine, Gen 1	Mouth/Dental	ulmonary	neurology OB-GYN	
CLINICAL I	acute pain M	skin	laceration	abrasion(s)	skin avulsion	foreign body, soft tissue	soft tissue	cervical strain	neck pain	pack pain	strain	ontheion	Molecular	dislo	show der inger	ĺ	knee injury	Ane mjury	nemarthrosis	knee instability	abnormal test	lifestyle issues	8		OEV.	Dermatology	00	Gastrointestinal 0	
T-Chart	Jim		155 nome	Annotations	6		Notes] [on Dietow	yer makery	C Fram	() a (aginon • À		Viewing		Keport	Discharge	Prescription	Excuse	Printing	& Clinical		4 Discharge		Chambol	٦۲.	7	

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RECORDING, DISTRIBUTING AND
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HISTORY SSP pain	_dyspneajoint paincoughskin lesioninsect biteskin lesioninsect biteskin lacskin lacseveralweekstimesmanymonthsseveralweekstimesmanymonthsseveralimprovingworseningseveralimprovingworseningwildmoderatesevereseveral timesnumerousseveral timesnumeroussimilar to previoussymptomssimilar tosimilar
other CONST fever chills	THROAT Cough Logar
Abdominal Pain timarrived: pvt vehicle EMS historian: patient EMS far OHPI chief complaint: abdominal paint to the forter of the	still present gone timing: quality location:
T-Chart Mary 研 Home Annotations	Clinical Clinical Clinical Clinical Viewing Viewing Report Discharge Prescription Excuse Printing Chinical Chin

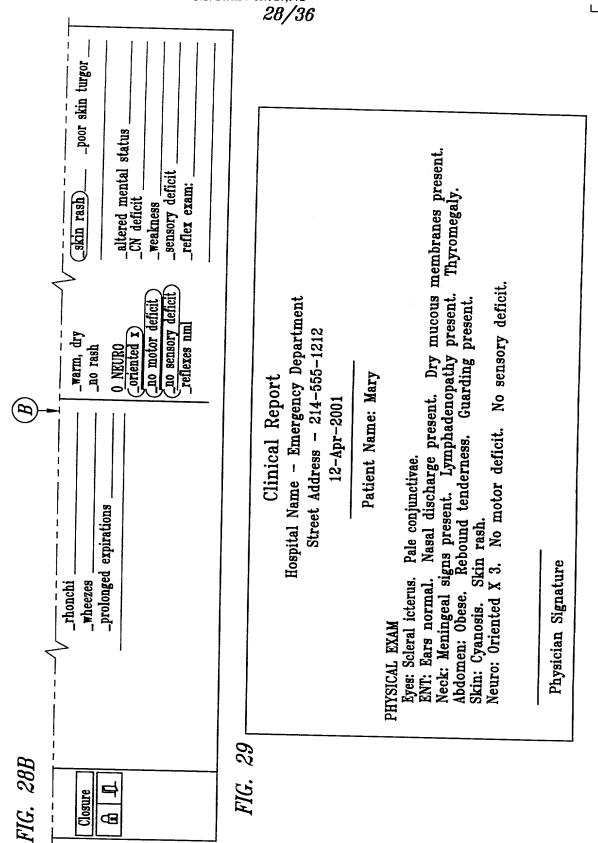
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gravid uterus discharge mass diaphoresis _pallor _abnormal digital rectal vag. bleeding bimanual tenderness abnml bowel sounds scar _enlarged uterus scrotal swelling _CVA tenderness _blood in stool calf tenderness organomegaly _pedal edema cenderness _distention _tenderness _tenderness guarding rebound cool skin mass speculum exam nm _bimanual exam nm _no organomegaly external exam nml O FEM GENITALIA _nml rectal exam _testes descended _hemo neg stool no pedal edema MALE GENTTALIA _nml inspection nml genitalia _nontender EXTREMITIES nontender _nml color ABDOMEN nml ROM RECTAL _soft SKIN severe 0 2/other bradycardia obtunded mod dry mucous membranes decreased air movement conjunctival findings anxious / lethargic pharyngeal erythema tachycardia mild pale conjunctivae tonsillar exudate accessory muscles abnml ear exam **v**mphadenopathy meningeal signs scleral icterus _VS rev'd abnml rhythm _decrsd pulses in distress extra sounds cartoid bruit resp distress runny nose thyromegaly abnml rate marmar rales PHYSICAL EXAM nurses notes rev'd _breath sounds nml _nml rate/rhythm heart sounds nm _nml inspection _no resp distress _chest nontender _nml inspection _pharynx nml RESPIRATORY ears nm nose nm _supple PERRL _alert S S Qu Course Annotations Discharge Home Home Notes A History O, Exam rescription 6 Discharge Clinical Clinical Report Viewing Excuse Printing Mary EVI

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scar other #2		egaly gravid uterus	owel sounds		ding discharge tenderness	uterus	300	welling		stool	digital rectal	erness		ema		pallor diaphoresis	arca and an	
er ABDOMEN cobese		PELVIC EXAM speculum (bimanual) rectovag	herpes-like lesion(s)	vaginal discharge	JUD string visible	cervical erosion cervicitis	cervical lesion	cervical disting	cervical os open		cerv. motion tenderness	pelvic mass adnexal tenderness	_adnexal mass / fullness	retroflexed uterus	uterine tenderness	decreased rectal tone	blood in stool _abnormal digital rectal	
VS rev'd 0 2/other	gyn	anx P Speculum	conj scje external exam nml		abnno rag moonange	run pha no cervical lesions	Sil	ary	-cart	lym That		abn bimanual exam nml nontender bimanual	extr no pelvic mass	decr	_resp _acce	_decr RECTAL		Toncender
nurses notes rev'd	SICAL EAAM	_alert NAD	EYES nml inspection			ears nml	pharynx nml	A) A) A) A)	inspection	supple		cvs _nml rate/rhythm			RESPIRATORY			
EMI	Jane	199 Home	Annotations	—II ~	100cs	Ge History	S Exam	Ur Course	O Dail	Viewing	Report	Prescription	Excuse	Printing (S Discharge			

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Neck: Meningeal signs present. Lymphadenopathy present. Thyromegaly. Abdomen: Obese. Rebound tenderness. Guarding present. GU: Speculum and bimanual exam performed. Cervical lesion present. ENT: Ears normal. Nasal discharge persent. Dry mucous membranes present. Skin: Cyanôsis. Skin rash. Neuro: Oriented X 3. No motor deficit. No sensory deficit. Street Address - 214-555-1212 Emergency Department Patient Name: Jane Clinical Report Hospital Name-26-Jul-2001 Discharge present from the cervical os. Peptic ulcer, Gall stones, Bowel obstruction Eyes: Schleral icterus. Pale conjunctivae. Physician Signature PHYSICAL EXAM PAST HISTORY PJ Notes T-Chart Annotations ee History Qr Course (F) Home S. Exam Discharge DXD rescription S Clinical Discharge Excuse Clinical Printing Piewing. Report Closure Jane Œ

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PROCEDURE NOTES	0 <u>Central Line</u> t 0 <u>Thrombolytic Therapy</u>		X unstable	exam improved "noboned	PPLY	Physical exam findings are		s. Physical exam findings are	ptoms are unchanged.			CVS 0 CPR 0 re-evaluation	review of records	old records ordered	records req-unavailable	1	sion o	good condition	27070-
PR	on or Managem ibe	PROGRESS	TIME:		APTER:	Evaluat reassessment multiple exams	Observation	Evaluat return to dept	unchan tests pack	E	Phenergan	O gener MS Toradol	GI cocktail		tried meds analgesic	antiemetic narcotic	antispasmotic	_transfer	_observation status
70	0 CT Head NAD 0 CT Chest NAD 0 CT Abdomen NAD 0 Abdominal Sono NAD	0 Pelvic Sono NAD	0 Other studies _neg		0 Cardiac Enz 0 PFTs	nml except Peak Flow	M/U 0 U/A	MB cath	myoglobin THBCs		0 Pulse 0x blood		at	0 ABG ketones	time protein	p02 HCG	뜅	pc02 quant	-
EKG / XRAYS / STUDIES	0 EKG _nml 0 CXR _NAD 0 V/Q scan _nml 0 Abdomen _NAD	O IVP _NAD	0 Other X-rays _neg	LAB	0 CBC 0 Chem	—	WRC nmi except	Hgb Na		segs Chi #2	lymphs BUN #2	monos Cr Tol Prol	O COAG Albumin —		INR Alk Phos	3 / Rh		Type/Rh Linase	-
T-Chart	Jane 1999 Home	wind of the last		Notes	Clinical	яя History	S Exam	Qr Course	Q DxD1	Viewing	Report	Discharge Prescription	Excuse	Printing	Clinical	de Discharge	Closure	7	-11

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PROCEDURE NOTES	on or Managen ibe	TIME: - now stable unstable	exam improved unchanged [Appry]	Evaluation after reassessment. Physical exam findings are unchanged.	Evaluation after multiple exams. Physical exam findings are unchanged. The patient's symptoms are unchanged.	Evaluation after observation, results of tests back, analgesic and narcotic. Physical exam findings are improved. Symptoms much better,	O general course O Resp / CVS O CPR O re-evaluation	D/W Dr. consultation / review of records old records ordered old records reviewed	family consultationfurther history sought	admit good condition	observation statusstable
DIES	0 CT Head NAD 0 CT Chest NAD 0 CT Abdomen NAD	Pelvic Sono NAI Other studies _n	O Cardiac Eng O DETte	nml except Peak	CKMB cath clean myoglobin mil except	Troponin T RBCs RBCs Pulse 0x Plood		at	F102 protein	at	- ph ph
EKG / XRAYS / STUDI	0 EKG _nml 0 CXR _NAD 0 V/Q scan _nml 0 Abdomen NAD	ਹ	LAB 0 CBC 0 Chem	nml except CMP BMP ISTAT	Hgb Na HCT K	80 4	monos Cr Tol Prol	COAG	Ca Ca		1) Pc/ Mi — Lipase —
T-Chart	Jane (H) Home	S S	To Notes	Re History	QI Course	Viewing Report	Discharge Prescription	Excuse Printing	Discharge	Closure	\dashv

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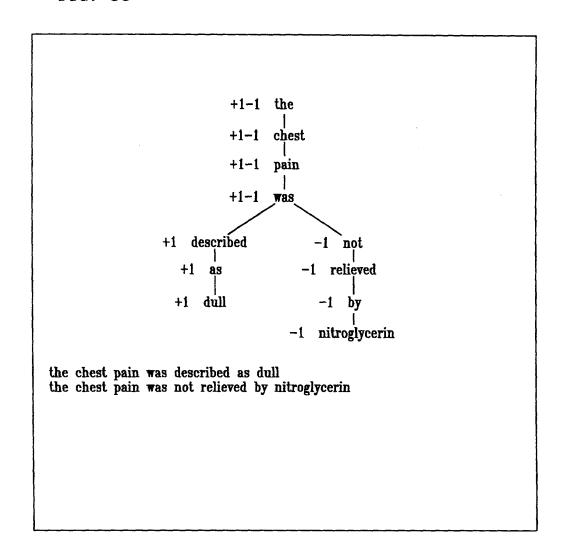
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Abdomen: Obese. Rebound tenderness. Guarding present. GU: Speculum and bimanual exam performed. Cervical lesion present. Discharge present Evaluation after observation, results of tests back, analgesis and narcotic. Physical exam The patient's Evaluation after multiple exams. Physical exam findings are unchanged. Thyromegaly. ENT: Ears normal. Nasal discharge persent. Dry mucous membranes present. E.D. Course: Evaluation after reassessment. Physical exam findings unchanged. Skin: Cyanosis. Skin rash. Neuro: Oriented X 3. No motor deficit. No sensory deficit. Neck: Meningeal signs present. Lymphadenopathy present. Street Address - 214-555-1212 Emergency Department findings are improved. Symptoms much better. Patient Name: Jane Clinical Report Hospital Name-26-Jul-2001 Peptic ulcer, Gall stones, Bowel obstruction Eyes: Schleral icterus. Pale conjunctivae. symptoms are unchanged. PROGRESS AND PROCEDURES from the cervical os. Physician Signature PHYSICAL EXAM PAST HISTORY 引 Notes nnotations C, Exam T-Chart 199 Home A History escription Qr Course DED **Discharge** Discharge 9 Clinical Clinical Printing iewing. Report Excuse Closure Jane

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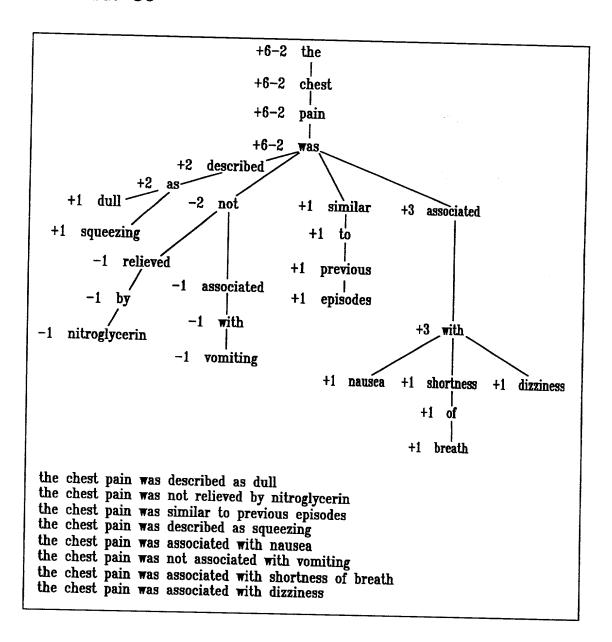
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FIG. 35



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X e ◀ Generate Min Text Semicolon Comma Space Crunch The patient has had a prior history of cancer of the stomach, cancer of the brain, diabetes, congestive heart failure, gout, ingrown toenails, alocohol abuse and scabies. congestive heart failure gout cancer of the stomach cancer of the brain the patient has had a prior history of ** cancer of the stom the patient has had a prior history of ** cancer of the brain the patient has had a prior history of ** diabetes the patient has had a prior history of ** congestive heart fai the patient has had a prior history of ** gout the patient has had a prior history of ** ingrown toenails the patient has had a prior history of ** alcohol abuse the patient has had a prior history of ** scabies scabies has had a prior history has had a prior history Test TSysTPRI